

Monitoring beneficiary access to care

ISSUE: How can the Commission effectively evaluate Medicare beneficiaries' access to care?

KEY POINTS: The IOM defines access as "the timely use of personal health services to achieve the best possible health outcome." Medicare beneficiaries' access to care is shaped by a range of factors specific to Medicare, and by broader factors affecting the delivery of health care, some affecting the entire health care system, others affecting specific services or populations. General information on broad access measures paints a generally positive picture. Beneficiaries, for the most part, report that they have good access to care. Other indicators, however, raise issues that need to be explored further. National survey data illustrate differences in access to care among beneficiaries along a number of socio-demographic dimensions. Actual utilization patterns also suggest that certain types of beneficiaries have more difficulty than others obtaining care. To capture these distinctions and develop effective policies it is critical that our monitoring system be capable of evaluating access from as many different angles and data sources as possible.

The Commission is developing its ongoing system to monitor beneficiary access to care.

- **Evaluate health system capacity.** Review available data sources to identify beneficiary characteristics and needs and the ability of the health system to meet those needs.
- **Evaluate direct access measures.** Through provider and beneficiary surveys and utilization data evaluate "actual" access, including distributional issues and whether beneficiaries obtain appropriate care.
- **Evaluate Medicare's role.** Through focused analysis of administrative data and less formal mechanisms such as focus groups, polls, or structured interviews identify potential reasons for access problems, including Medicare's role.
- **Analyze policy options and develop recommendations.** Determine whether Medicare could or should address barriers that have been identified.

The system encompasses four steps, which are designed to build on each other. The attached flow chart depicts how the monitoring system will work when it is fully in place. At the last meeting, the Commission discussed data and priority issues. In this meeting, we will focus on the second step – reviewing data on direct measures of access.

ACTION: The Commission should comment on the direction of the monitoring system and any specific issues of interest.

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